EXHIBIT C

AMENDED

COPY

CUSTOMER CLAIM

Claim Number_____

Date Received_____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

RECEIVED
RECEIVED
MAR 16 2009

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: _____

HOME: _____

Account Number: 1-ZR284-3 & 1-ZR284-4

Taxpayer I.D. Number (Social Security No.)

_____

Stanley T. Miller IRA

REDACTED

AMENDED

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

****

1.   Claim for money balances as of **December 11, 2008_:**
   a.   The Broker owes me a Credit (Cr.) Balance of $_____
   b.   I owe the Broker a Debit (Dr.) Balance of $ _____

10237457

c.   If you wish to repay the Debit Balance,

please insert the amount you wish to repay and

attach a check payable to "Irving H. Picard, Esq.,

Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, **it must be enclosed**

with this claim form. $_____

d.   If balance is zero, insert "None."   ___NONE___

2.   Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

		YES	NO
a.	The Broker owes me securities	✓	
b.	I owe the Broker securities		✓

c.   If yes to either, please list below:

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
SEE STATEMENT DATED NOVEMBER 30, 2008		✓	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

10237457

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.
PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		✓
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		✓
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		✓
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		✓
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		✓
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		✓

10237457

9.   Have you or any member of your family
ever filed a claim under the Securities
Investor Protection Act of 1970? if   ✓
so, give name of that broker.   _____   _____

Please list the full name and address of anyone assisting you in the
preparation of this claim form: Carole Neville, Sonnenschein Nath &
Rosenthal LLP, 1221 Avenue of the Americas, 25th Floor, New York, NY 10020 .

If you cannot compute the amount of your claim, you may file an estimated claim. In that
case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN $50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY

INFORMATION AND BELIEF. *

Date _____3/12/09_____   Signature _____

Date _____   Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name,
address, phone number, and extent of ownership on a signed separate sheet. If other
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity
and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

_____

* This form includes and incorporates in full the attached Addendum. Customer
reserves the right to amend this form for any purpose, including, without
limitation, to add interest, costs and other losses associated with this account.

10237457

ADDENDUM

THIS CLAIM AMENDS STANLEY MILLER'S CLAIM DATED 1/9/09 ATTACHED HERETO AS EXHIBIT ENTITLED 1/9/09 STANLEY MILLER SIPC CLAIM

Customer: **Stanley T. Miller IRA**
Address: REDACTED

Account #:   **1-ZR284-3-0**
                1-ZR284-4-0

Document index:

   A. Statement dated November 30, 2008 $6,528,970.10

   B. Investment Documents:

      1.   Check transfer confirmation dated 11/09/98 $3,000,000.00

           Facsimile Correspondence dated 11/04/98

           Investment Authorization Form

           IRA Statement dated as of 12/31/98

      2.   IRA Statement dated as of 12/31/98 $499,907.00

           Check transfer confirmation dated 1/7/99

           Check transfer confirmation dated 1/12/99 $93.00

           IRA Account Statement dated as of 3/31/99

      3.   IRA Statement dated as of 6/30/99 $499,990.00

           4/1/99 - 6/30/99 - Missing documents $500,000.00

   C. Transfer documents

      1.   IRA Distribution Request Form dated as of 10/03/00   ($20,000.00)

           IRA Statement dated as of 12/31/00

      2.   IRA Statement dated as of 12/31/01   ($600,000.00)

           1099 for IRA distributions for 2001

      3.   IRA Statement dated as of 12/31/02   ($200,000.00)

           1099 for IRA distributions for 2002

4.	IRA Statement dated as of 12/31/03	($250,000.00)
	1099 for IRA distributions for 2003	
5.	IRA Statement dated as of 12/31/04	($449,977.26)
	1099 for IRA distributions for 2004	
6.	IRA Statement dated as of 12/31/05	($350,000.00)
	1099 for IRA distributions for 2005	
7.	IRA Statement dated as of 12/31/06	($50,000.00)
	1099 for IRA distributions for 2006	
8.	IRA Statement dated as of 12/31/07	($100,000.00)
	1099 for IRA distributions for 2007	
9.	IRA Statement dated as of 12/31/08	($900,000.00)
	1099 for IRA distributions for 2008	

Total Investments: $4,499,990.00

Total Withdrawals: $2,919,977.26

STATEMENT DATED NOVEMBER 30, 2008

Madoff Securities Int
Mayfair.

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York □ London

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDACTED

PERIOD ENDING
11/30/08

YOUR TAX PAYER IDENTIFICATION
****

YOUR ACCOUNT NUMBER
1-ZR284-3-0

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
				BALANCE FORWARD		409,949.24
11/05				CHECK	CW	60,000.00
11/05				FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 11/05/08	DIV	
11/05		19,188	35728	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	
11/05		50,000	35745	U S TREASURY BILL DUE 2/12/2009	99.879	
11/05	9,135		35778	2/12/2009 FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	9,135.00
11/12	5,880		1880	WELLS FARGO & CO NEW	29.800	175,459.00
11/12	4,200		2382	HEWLETT PACKARD CO	34.900	146,748.00
11/12	3,640		5206	WAL-MART STORES INC	55.830	203,356.70
11/12	2,380		6708	INTERNATIONAL BUSINESS MACHS	87.270	207,797.60
11/12	8,820		10532	EXXON MOBIL CORP	72.380	643,153.60
11/12	9,660		11034	INTEL CORP	14.510	140,552.60
11/12	4,620		15360	JOHNSON & JOHNSON	59.580	275,443.60
11/12	6,300		19685	J.P. MORGAN CHASE & CO	38.530	242,991.00
11/12	3,360		24011	COCA COLA CO	44.660	150,191.60
11/12	1,960		28337	MCDONALDS CORP	55.370	108,603.20
11/12	3,640		32663	MERCK & CO	28.550	104,067.00
11/12	13,300		36989	MICROSOFT CORP	21.810	290,605.00
				CONTINUED ON PAGE 2		

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BERNARD L. MADOFF
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New York ☐ London

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New York, NY 10022
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DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

PERIOD ENDING 11/30/03

YOUR TAX PAYER IDENTIFICATION ***

YOUR ACCOUNT NUMBER 1-ZR284-3-0

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
11/12	6,720		41315	ORACLE CORPORATION	17.300	115,524.00
11/12	2,660		54293	PEPSICO INC	56.410	150,156.60
11/12	1,540		54795	APPLE INC	100.780	155,262.20
11/12	11,340		58619	PFIZER INC	16.940	192,552.60
11/12	2,660		59121	ABBOTT LABORATORIES	54.610	145,358.60
11/12	5,040		62945	PROCTER & GAMBLE CO	64.080	323,164.20
11/12	1,820		63447	AMGEN INC	59.160	107,743.20
11/12	3,500		67271	PHILLIP MORRIS INTERNATIONAL	43.600	152,740.00
11/12	8,400		67773	BANK OF AMERICA	21.590	181,652.00
11/12	2,800		71597	QUALCOMM INC	33.770	94,668.00
11/12	9,100		72099	CITI GROUP INC	12.510	114,205.00
11/12	2,100		75923	SCHLUMBERGER LTD	49.480	103,992.00
11/12	5,040		76425	COMCAST CORP CL A	16.510	83,411.40
11/12	9,940		80249	ATET INC	27	268,777.00
11/12	2,520		80751	CONOCOPHILIPS	52.510	132,425.20
11/12	1,680		84575	UNITED PARCEL SVC INC CLASS B	52.040	87,494.20
11/12	10,220		85077	CISCO SYSTEMS INC	16.730	171,388.60
11/12	2,940		88901	U S BANCORP	29.530	86,935.20
11/12	3,500		89403	CHEVRON CORP	73.430	257,145.00
11/12	1,680		93227	UNITED TECHNOLOGIES CORP	53.160	89,375.80
11/12	17,780		93729	GENERAL ELECTRIC CO	19.630	349,732.40
11/12	4,760		97553	VERIZON COMMUNICATIONS	30.410	144,941.60
11/12	420		98055	GOOGLE	337.400	141,724.00

REDACTED

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Madoff Securities Int
Mayfair

BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDACTED

PERIOD ENDING	YOUR ACCOUNT NUMBER	YOUR TAX PAYER IDENTIFICATION
11/30/08	1-ZR284-3-0	****-**-****

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
11/12		6,400,000	24486	U S TREASURY BILL DUE 2/12/2009 2/12/2009	99.936	
11/12				FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 11/12/08	DIV	
11/12		9,135	19590	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	
11/12	36,363		28958	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	36,353.00
11/19				FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 11/19/08	DIV	
11/19		36,363	54506	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	
11/19	450,000		58905	U S TREASURY BILL DUE 03/26/2009 3/26/2009	99.926	449,667.00
11/19	6,140		63542	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	6,140.00
				NEW BALANCE		801,109.18
	9,940			SECURITY POSITIONS AT&T INC	MKT PRICE 28.560	

Madoff Securities Int

Mayfair

MADF	BERNARD L. MADOFF
	INVESTMENT SECURITIES LLC

New York ☐ London

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDACTED

PERIOD ENDING: 11/30/08

YOUR TAX PAYER IDENTIFICATION: ****

YOUR ACCOUNT NUMBER: 1-ZR284-3-0

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
	2,660			ABBOTT LABORATORIES	57.390	
	1,820			AMGEN INC	55.540	
	1,540			APPLE INC	92.670	
	8,400			BANK OF AMERICA	16.250	
	3,500			CHEVRON CORP	79.010	
	10,220			CISCO SYSTEMS INC	15.540	
	9,100			CITI GROUP INC	8.290	
	3,360			COCA COLA CO	46.870	
	5,040			COMCAST CORP CL A	17.340	
	2,520			CONOCOPHILIPS	52.520	
	8,820			EXXON MOBIL CORP	80.150	
	17,780			GENERAL ELECTRIC CO	117.170	
	420			GOOGLE	292.960	
	4,200			HEWLETT PACKARD CO	35.280	
	9,660			INTEL CORP	13.800	
	2,380			INTERNATIONAL BUSINESS MACHS	81.600	
	6,300			J.P. MORGAN CHASE & CO	31.660	
	4,620			JOHNSON & JOHNSON	58.580	
	1,960			MCDONALDS CORP	58.750	
	3,640			MERCK & CO	26.720	
	13,300			MICROSOFT CORP	20.220	
	6,720			ORACLE CORPORATION	16.090	
	2,660			PEPSICO INC	56.700	
	11,340			PFIZER INC	16.430	

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Madoff Securities Int

Mayfair

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New York ☐ London

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New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDUCTED

PERIOD ENDING: 11/30/08

YOUR TAX PAYER IDENTIFICATION: ****

YOUR ACCOUNT NUMBER: 1-ZR284-3-0

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
	3,500			PHILLIP MORRIS INTERNATIONAL	42.160	
	5,040			PROCTER & GAMBLE CO	64.350	
	2,800			QUALCOMM INC	33.570	
	2,100			SCHLUMBERGER LTD	50.740	
	6,140			FIDELITY SPARTAN	1	
				U S TREASURY MONEY MARKET		
	2,940			U S BANCORP	26.980	
	1,680			UNITED PARCEL SVC INC	57.600	
				CLASS B		
	450,000			U S TREASURY BILL	99.971	
				DUE 03/26/2009 3/26/2009		
	1,680			UNITED TECHNOLOGIES CORP	49.530	
	4,760			VERIZON COMMUNICATIONS	32.650	
	3,640			WAL-MART STORES INC	55.880	
	5,880			WELLS FARGO & CO NEW	28.890	
				MARKET VALUE OF SECURITIES		
				LONG SHORT		
				6,624,170.10		

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Madoff Securities Int   Mayfair

BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDACTED

PERIOD ENDING	YOUR ACCOUNT NUMBER	YOUR TAX PAYER IDENTIFICATION
11/30/08	1-ZR284-3-0	****████

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY		
				DIVIDENDS		
				GROSS PROCEEDS FROM SALES		

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Madoff Securities In

Mayfair

BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

DUPLICATE FOR ACCOUNT   NTC & CO.
STANLEY T MILLER

REDUCED

PERIOD ENDING	YOUR ACCOUNT NUMBER	YOUR TAX PAYER IDENTIFICATION
11/30/03	1-ZR284-4-0	*****

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT
				BALANCE FORWARD		
11/12		140	45641	S & P 100 INDEX NOVEMBER 460 CALL	15.800	249,340.00
11/12	140		49967	S & P 100 INDEX NOVEMBER 450 PUT	17.900	
11/19		140	36071	S & P 100 INDEX DECEMBER 430 CALL	26	420,140.00
11/19	140		40396	S & P 100 INDEX DECEMBER 420 PUT	30	
11/19	140		44721	S & P 100 INDEX NOVEMBER 460 CALL	3	42,140.00
11/19		140	49046	S & P 100 INDEX NOVEMBER 450 PUT	37	
				NEW BALANCE		
				SECURITY POSITIONS	MKT PRICE	
	140			S & P 100 INDEX DECEMBER 430 CALL	23.300	
				S & P 100 INDEX DECEMBER 420 PUT	16.500	
				MARKET VALUE OF SECURITIES	SHORT	326,200.00-
				LONG 231,000.00		

INVESTMENT DOCUMENTS

BERNARD L. MADOFF
Investment Securities
New York □ London

885 Third Avenue
New York, NY 10022
(212) 230-2400
(800) 221-2242
TELEX 235 130
FAX (212) 486-8178

WE HAVE THIS DAY   **CREDITED YOUR**
ACCOUNT WITH THE FOLLOWING: **CHECK**

11/09/98

3,000,000.00

CLIENT'S ACCOUNT NUMBER

RETIREMENT ACCTS INC CUST IRA
FBO STANLEY T MILLER (106802)
REDACTED

1-ZR284-3

TELECOPIE

STANLEY T. MILLER

Adresse:: REDACTED

(

Date _Nov. 4/98_

Nombre total de pages (3)

DESTINATAIRE:

Susan Waugh
_R A I_
_303 294 5899_

EXPEDITEUR:

STANLEY T MILLER

REFERENCE:

MESSAGE:

Susan:

Per our telephone conversation of today please find attached
an Investment Authorization Form signed by Stanley T. Miller
as requested. We will discuss the "Statement of Account Set-up"
with Jodie Crupi of Bernard Madoff Investment Securities tomorrow
afternoon so that RAI ,upon the receipt of funds from Paine Webber, may
wire the funds below to Bernard Madoff Investment Securities .

A check/s in the amount of $3,000,000. has been Fedexed to Retirement
Accounts, Inc. to the attention of Sharon Koehler today by Paine Webber
effecting the IRA transfer. This should arrive at Retirement Accounts, Inc by
tomorrow. It is important that this funds be transferred via wire to Bernard L.
Madoff Investments Securities into Stanley T. Miller's account with them as
soon as possible. Please watch out for the FEDEX Package.

If you have any problems with the incoming check/s, please call Dina Feder
of Paine Webber at 800-682-7275 or 212-309 3000. I am off work tomorrow
but will make it a point to be in the office around 2:00 so I can be available
for RAI and Bernard Madoff Investments on the other requirement.

I appreciate all your help.

Sincerely,

Maria Bergman
Assistant to Stanley T. Miller

RETIREMENT ACCOUNTS, INC.

Retirement Accounts, Inc.
717 17th Street, Suite 1700
Denver, Colorado 80202-3323
1-800-325-4352

Please direct mail to:
P.O. Box 173785
Denver, CO 80217-3785

Investment Authorization Form

Important: Read before completing this form:

Use this form only for investments not traded over a securities exchange. All other investments (such as stock and bond trades) must be made through your Designated Representative.

Please do not use this form to authorize investments in notes secured by mortgages, deeds of trust or viaticals and similar investments. Special forms/procedures for these investments are available upon request from any Customer Service Representative.

Important disclosures concerning the Investments authorized on this form appear on the reverse side.

Account Owner's Name   STANLEY T. MILLER

Retirement Accounts, Inc. Account #   ▇▇▇▇▇▇▇

Investment Instructions: Many securities have similar names. Please list the full investment description; do not abbreviate. Use additional photocopies of this form, if necessary. By signing this form, you agree to the terms stated herein which apply to your investment(s) and hereby authorize Retirement Accounts, Inc. (RAI) to process the following transaction(s):

Purchases

Investment Name		000990309	(For Mutual Funds Only) Class (A, B, C, D, etc.)	Amount
BERNARD L. MADOFF INVESTMENT SECURITIES				$3,000,000.00
				$
				$
				$

Liquidations If proceeds are to be sent to the Account Owner, an IRA Distribution Request Form is required before funds may be distributed from the RAI account.

Investment Name		Shares	or	Dollars
				$
				$
				$
				$

Exchanges You MUST indicate dollars or shares, but not both.

Investment Name		Shares	or	Dollars
From				$
To				
From				$
To				
From				$
To				

Special Instructions

Please indicate the account number at the fund or other financial institution for each investment, if known, and any special trading instructions such as overnight or wire service for an additional fee, N.A.V. arrangement with fund, etc. All purchases will be sent via first class mail unless you provide other, written instructions. Please contact RAI if you want express delivery; additional fees may apply. If funds are to be wired, attach written wire instructions. An additional fee may apply. Also, designate for which transaction (if not all) the special instructions apply.

Acknowledgment and Signature

I verify that I have received and read all pertinent information relating to the above investment(s) (i.e., prospectus, offering circular, investment agreement, etc.), and that I meet the suitability requirements of the offering(s) indicated. I understand that Retirement Accounts, Inc. is not related to the sponsor(s) of the investment(s) I selected and does not comment on the merits of any offering. I further understand Retirement Accounts, Inc.'s valuation reporting policy (as defined on the back of my account statement), and fee policies associated with my request. I attest that the investment does not constitute a prohibited transaction as defined in Internal Revenue Code Section 4975 and outlined in the plan documents. I agree to the arbitration statement on the back of this page. I hereby agree to indemnify and hold harmless Retirement Accounts, Inc. for any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney's fees) resulting from the above authorization.

Authorized Signature X _____

Date   NOV. 4, 1998   Phone _____

(Continued on the reverse side.)

© Retirement Accounts, Inc., 1997   RAI-1562b (rev. 7/97)

Individual Retirement Account Statement
October 1, 1998 - December 31, 1998

STANLEY T. MILLER

REDACTED

Retirement Account Number: ▇▇▇▇   Trustee Tax ID# ▇▇▇▇   SSN# ▇▇▇▇

ACCOUNT SUMMARY

ACCOUNT VALUE

CONTRIBUTION AND DISTRIBUTION SUMMARY

Current Period

Additional Investments	$3,077,128.21
Total Account Value	$3,077,128.21

Rollovers	
Current Tax Year	$0.00
Distributions	
Current Tax Year	$0.00
Contributions	
Current Tax Year (1998)	$0.00
Prior Tax Year (1997)	$0.00
Employer Contributions	
Received Current Year	$0.00

Prior Period

Total Account Value	$0.00

ACCOUNT INVESTMENTS

ADDITIONAL INVESTMENTS

Description	Account Number	Shares	Price Per Share	Total Value
BERNARD L MADOFF BRKG ACCT VALUE		3,077,128.2100	1.0000	3,077,128.21
		Total Value of Additional Investments		$3,077,128.21
		TOTAL ACCOUNT VALUE		$3,077,128.21

ACCOUNT TRANSACTIONS

Page 2 of 2

106802-0001

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
11/05/98	Cash Transfer	FUNDS TRANSFERRED FROM FORMER TRUSTE		2,000,000.00
11/05/98	Cash Transfer	FUNDS TRANSFERRED FROM FORMER TRUSTE		1,000,000.00
11/05/98	Shares Purchased	BERNARD L MADOFF BRKG ACCT VALUE		3,000,000.00
12/29/98	Cash Transfer	FUNDS TRANSFERRED FROM FORMER TRUSTE		500,000.00
12/30/98	Fee Collection			-93.00
12/30/98	Cash Adjustment	BERNARD MADOFF		-499,907.00

IMPORTANT ACCOUNT INFORMATION

Visit our website at www.retirementaccountsinc.com.

Please refer to the back of this statement for important information.

BERNARD L. MADOFF
Investment Securities
New York □ London

885 Third Avenue
New York, NY 10022
(212) 230-2400
(800) 221-2242
TELEX 235 130
FAX (212) 486-8178

WE HAVE THIS DAY **CREDITED YOUR**
ACCOUNT WITH THE FOLLOWING.

1/07/99

CHECK

499,907.00

CLIENT'S ACCOUNT NUMBER

1-ZR284-3

RETIREMENT ACCTS INC CUST IRA
FBO STANLEY T MILLER (106802)

REDACTED

BERNARD L. MADOFF
Investment Securities
New York □ London

885 Third Avenue
New York, NY 10022
(212) 230-2400
(800) 221-2242
TELEX 235 130
FAX (212) 486-8178

WE HAVE THIS DAY CREDITED YOUR
ACCOUNT WITH THE FOLLOWING:

1/12/99

CHECK	93.00

CLIENT'S ACCOUNT NUMBER

RETIREMENT ACCTS INC CUST IRA
FBO STANLEY T MILLER (106802)

1-ZR284-3

REDACTED

Page 1 of 2

Individual Retirement Account Statement
January 1, 1999 - March 31, 1999

STANLEY T MILLER

REDACTED

| Retirement Account Number: ▄▄▄▄ | Trustee Tax ID# ▄▄▄▄ | SSN# ▄▄▄▄ |

ACCOUNT SUMMARY

ACCOUNT VALUE

Current Period

Additional Investments	$3,077,128.21
Total Account Value	**$3,077,128.21**

Prior Period

Total Account Value	$3,077,128.21

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Distributions	
Current Tax Year	$0.00
Contributions	
Current Tax Year (1999)	$0.00
Prior Tax Year (1998)	$0.00
Employer Contributions	
Received Current Year	$0.00

ACCOUNT INVESTMENTS

ADDITIONAL INVESTMENTS

Description	Account Number	Shares	Price Per Share	Total Value
BERNARD L MADOFF BRKG ACCT VALUE		3,077,128.2100	1.0000	3,077,128.21
	Total Value of Additional Investments			$3,077,128.21
	TOTAL ACCOUNT VALUE			$3,077,128.21

ACCOUNT TRANSACTIONS

Page 2 of 2
106802-0001

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
01/04/99	Fee Reimbursement	FEE REIMBURSEMENT		93.00
01/07/99	Cash Adjustment	BERNARD MADOFF		-93.00

IMPORTANT ACCOUNT INFORMATION

Visit our website at www.retirementaccountsinc.com

Individual Retirement Account Statement
April 1, 1999 - June 30, 1999

STANLEY T. MILLER

REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number: ████████   Trustee Tax ID#: ████████   SSN: ████████

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE		CONTRIBUTION AND DISTRIBUTION SUMMARY	
Current Period		**Rollovers**	
Brokerage Accounts	$4,565,016.38	Current Tax Year	$0.00
Cash	24.45		
Account Value Subtotal	$4,565,040.83	**Contributions**	
		Current Tax Year (1999)	$0.00
Total Account Value	$4,565,040.83	Prior Tax Year (1998)	$0.00
Prior Period		**Employer Contributions**	
Total Account Value	N/A	Received Current Year	$0.00
		Roth Conversion	
		Current Tax Year	N/A
		Distributions	
		Current Tax Year	$0.00

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

The previous quarter value information is currently unavailable.

011068020001

ACCOUNT INVESTMENTS

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE 1ZR2843	N/A	4,565,016.38
Total Value of Brokerage Accounts		$4,565,016.38

CASH

Description	Interest Rate	Annual Percentage Yield	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	1.7800	1.7900	N/A	24.45
Total Value of Cash				$24.45
TOTAL ACCOUNT VALUE				$4,565,040.83

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
04/26/1999	CASH ADJUSTMENT INCREASE	WIRE REC'D-PAINEWEBBER-BANK OF NY		500,000.00
04/28/1999	FEE COLLECTION			-10.00
04/29/1999	PURCHASE	BERNARD L MADOFF BRKG ACCT VALUE		-499,990.00
04/30/1999	INTEREST			24.38
05/28/1999	INTEREST			0.03
06/30/1999	INTEREST			0.04

TRANSFER DOCUMENTS

FROM STANLEY METAL   (FRI)11. 3'00 13:27/ST 13:26/NO. 4862799795 P 2

RETIREMENT ACCOUNTS, INC.

Retirement Accounts, Inc.
717 17th Street, Suite 1700
Denver, Colorado 80202-3323
1-800-325-4352

Please direct mail to:
P.O. Box 173745
Denver, CO 80217-3745
Fax 303-294-5899

IRA Distribution Request Form

1. IRA Account Owner Information (Please type or print)

Retirement Accounts, Inc. Account # ▓▓▓▓▓▓▓▓

Name STANLEY T. MILLER

Residence Address (no ~~P.O. Box~~) REDACTED

City/State/Zip REDACTED

Check here if this is a change of address. ☐

Daytime Phone (REDACTED

Date of Birth REDACTED

Social Security # ▓▓▓▓▓▓▓▓

Retirement Accounts, Inc. (RAI) as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:

2. Reason for Distribution (Check one)

I understand that a 10% premature distribution penalty tax may apply to any distribution I take from my IRA if I am under age 59½ and no other reason or exception applies. (Check one)

☑ A. I am over age 59½. [If this request is meant to satisfy a required minimum distribution, please complete Section 5, Required Minimum Distributions.]

☐ B. I am under age 59½ and no other reason or exception applies.

☐ C. I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is attributable to disability.)

☐ D. This distribution is intended to qualify as a substantially equal periodic payment under Section 72(t)(2)(A)(iv) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine the annual amount required.)

☐ E. I wish to have a recent contribution removed or corrected. (Please also complete Section 6.)

☐ F. This distribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):

☐ Medical Expenses - 72(t)(2)(B)

☐ Distributions to unemployed individuals for health insurance premiums - 72(t)(2)(D)

☐ Distributions from Individual Retirement Plans for higher education expenses - 72(t)(2)(E)

☐ Distributions from certain plans for first home purchases - 72(t)(2)(F)

It is the Plan Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is meant to qualify as an exception to Section 72(t) of the Internal Revenue Code. RAI will report such distributions to the IRS as either regular or premature distributions depending upon the Plan Owner's age.

Do not use this form for a Trustee-to-Trustee Transfer.

3. Payment Amount(s) (Check one and complete applicable blanks.)

☑ A. Single Payment:

I wish to withdraw $20,000.

from my IRA. (Fill in dollar amount or write in "total amount," or "200 shares of XYZ stock," etc.)

☐ B. Installment Payments:

If you are age 70½ or older, please read and complete the "Information Concerning Minimum Distributions" in Section 5. Then complete following items 2, 3 and 4. Otherwise, complete all information following.

1. Installment payments are a specified dollar amount or are based on a given payment period. I choose:

☐ a. an amount of $_____ for each payment period. (Specify exact amount or enter "all available cash.")

☐ b. a fixed period of _____ years.

2. The first payment should be deducted in the month of
_____

3. Please deduct and send my payments (choose one):

☐ near the beginning of the applicable month.

☐ near the middle of the applicable month.

☐ at the end of the applicable month.

4. Subsequent payments are to be paid (choose one):

☐ annually   ☐ semiannually

☐ quarterly   ☐ monthly

(Note: It is the Plan Owner's responsibility to ensure that enough cash is available to make each payment when due. Payments will continue until you notify RAI to stop.)

4. Asset Instructions

☐ A. Payment to be made in cash (Check all that apply.)

☐ 1. I authorize RAI to liquidate the asset(s) listed on page two. If you check the systematic withdrawal option, the frequency of the withdrawal will be the same as the payout frequency indicated in Section 3.3.4.

☐ 2. I have contacted my Designated Representative to liquidate any broker-held assets (such as stocks and bonds) or any limited partnerships or other illiquid assets I choose to have sold. My Designated Representative will be responsible for forwarding funds to RAI.

☐ 3. My Peak Money Market balance is sufficient to make the distribution.

☑ 4. I authorize RAI to request funds from my brokerage account #
1ZR284-3-0
"MADOFF INVESTMENT
SECURITIES ___ brokerage firm.

(Continued on the reverse side.)

© Retirement Accounts, Inc. 2000   1 of 5   RAI 1715 (2/00)

FROM STANLEY METAL   (FRI)11. 3'00 13:27/ST. 13:26/NO. 4862799795 P 3

RA~.~ Distribution Request (continued)

B. Distribute (reregister) shares of the following assets into my personal name to include up to a stated amount.

Please list assets here:

# of Shares or $Amt	Name of Asset	Liq. /Sell	Re-register	Systematic Withdrawal
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Please also distribute $ _____ cash in addition to the assets listed above (for example, total cash balance or a specific dollar amount). (Please leave blank if you do not want cash in addition to the reregistered assets.)

For limited partnerships and/or other illiquid assets, it is the responsibility of the IRA Account Owner and/or his/her Designated Representative to find a buyer and arrange the terms of the sale of the asset. (Attach RAI's Secondary Market Investment Authorization Form if you are selling a limited partnership.) If one or more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that RAI receives all necessary documents to effect proper assignment of the asset.

5. Required Minimum Distributions

(Complete only if Box E in Section 2 is checked.)

Information Concerning Required Minimum Distributions
(Complete this section only if you are age 70½ or older.)

Deadline: IRS rules require that you begin receiving distributions from your IRA by your "required beginning date" (April 1 following the calendar year in which you become age 70½), and then again by December 31 of that same year and every year thereafter. If you would like RAI to make your minimum distribution, we must receive these instructions at least 30 days prior to the required distribution date. Substantial IRS penalty taxes may be assessed if the appropriate IRS deadline is not met.

Amount: The minimum amount required to be distributed generally is based on the prior year end total IRA value divided by the applicable life expectancy or by a fixed number of years.

To complete this section, Please complete all applicable information below to specify how you wish to handle the required distributions from your account. If we do not hear from you by your required distribution date, we will assume that you have met your required minimum by taking distribution from another IRA.

Required Minimum Distributions are based on the length of the payment period under A, B or C below. I choose:

☐ A. my life expectancy as specified by IRS tables.

☐ B. the joint life expectancy of me and my designated beneficiary (based on IRS tables).

☐ C. a fixed period of _____ years (not to exceed B above).

Life expectancy election. (If your "required beginning date" has passed, please indicate the option that was previously elected as of your required beginning date. If you leave this section blank, neither your life expectancy nor the life expectancy of your spouse beneficiary will be recalculated.")

In determining the minimum required distribution for any calendar year (check the applicable boxes):

☐ D. my life expectancy: ☐ should   ☐ should not   be recalculated each year.

☐ E. the life expectancy of my spouse beneficiary: ☐ should   ☐ should not   be recalculated each year.

Note:

1. The election to have or not have your or your spouse's life expectancy recalculated is irrevocable and must be made on or before your "required beginning date." Furthermore, IRS regulations do not allow the life expectancy of a nonspouse beneficiary to be recalculated.

2. If you have designated a nonspouse beneficiary who is more than ten years younger than you, the joint life expectancy will be adjusted to satisfy the incidental death benefit rules imposed by the IRS.

3. Your required minimum distribution may not be calculated based on joint life expectancy if you have designated your estate as the primary beneficiary of your IRA.

6. Removal/Correction of Contribution (Complete this Section only if Box F in Section 2 is checked.)

A. Contribution was made for tax year _____ .

B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) _____ / _____ / _____ .

C. Contribution was deposited at RAI on _____ / _____ / _____ .

D. Was this an excess SEP Employer contribution?

☐ Yes   ☐ No (Go on to Item E.)

1. If "Yes," fill in amount of excess SEP Employer contribution:

$ _____

2. If "Yes," I understand that RAI is required to redesignate and report the excess Employer contribution amount as a regular IRA contribution on my behalf for the year designated in item A above. (If you do not intend to remove any portion of this redesignated amount, check this box ☐ and continue to Section 10.)

E. Check 1, 2 or 3 and complete item as applicable:

☐ 1. It is BEFORE the applicable tax-filing deadline for that contribution plus extensions. Please recharacterize the excess contribution amount (named in section 3,A.) in the form of cash to my RAI Roth IRA Account # _____, as a nondeductible contribution for the _____ tax year. I understand that any earnings attributable to this amount also will be transferred in cash to my Roth IRA. I understand that this option is available only if I have not yet taken a deduction for this contribution under this transfer or IRA plan, and only if I have made sufficient cash available in my account by the transfer date.

☐ 2. It is BEFORE the applicable tax-filing deadline for that contribution, plus extensions (I wish to avoid the 6% IRS penalty tax). I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me, (check one):

☐ a. Return contribution plus earnings to me.

☐ b. Remove contribution plus earnings and redeposit only the contribution for the subsequent tax year _____ .

☐ 3. It is AFTER the applicable tax-filing deadline for that contribution, plus extensions (no earnings will be returned). Please return the excess contribution to me. I understand that a 6% IRS penalty tax will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in there should be the amount of the excess contribution to be returned. If the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)

© Retirement Accounts, Inc. 2000   2 of 5   RAI-1715 (2/00)

RAI IRA Distribution Request (continued)

7. Payment Delivery (Check one.)

☐ A. Mail by First Class mail to:

Name **STANLEY T. MILLER**

Mailing Address

City/State/Zip   **REDACTED**

☐ B. Wire funds

Bank Name

Bank ABA No.

Bank Account No.

City/State/Zip

☐ C. Please send cash to me via EFT (see attached information).

☐ D. Transfer/journal to above distribution(s) to my personal account no. _____ at my designated brokerage firm. (Securities can be transferred/journaled only within the same brokerage firm.)

☑ E. Special instructions:

PLEASE FEDEX USING OUR Fedex # 1003-1240-9

If no selection is made, payment will be sent to address of record. Distributions may only be sent to the Account Owner or Account Owner's personal brokerage or bank account. There is a $35 charge per wire. Fees may apply for special delivery services.

☐ F. Send the distribution to my RAI Roth IRA account # _____ (for rollover conversion purposes only). To establish a Conversion Roth IRA, a Roth IRA Application form must be completed.

8. Tax Withholding (Choose one.)

☑ A. I do NOT want Federal income tax withheld from my distribution(s). (Note: Even if you choose this option, federal income tax must be withheld from this distribution if you have not provided a U.S. residence address (not a P.O. Box) in Section 1.)

☐ B. I DO want federal income tax withheld from my distribution(s). I understand that a minimum percent (10%) of the distribution will be withheld. (If you want a greater percentage withheld, indicate here: _____ %. A percentage amount must be designated.)

(See the notice of tax withholding at the end of this form. If no choice is made above, withholding tax will be deducted.)

9. Account Information (Check one.)

☐ A. I DO wish to close my account at this time. I understand that the requested distribution will be subject to a termination fee(s).

☑ B. I do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account, will be deducted from available Peak Money Market Account funds. If cash is unavailable, termination fees will be billed.

10. Transaction, Termination and Special Processing Fees

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

Transaction Fee Eight free transactions (including distributions) per year. $10 for each additional transaction	$10
B. Termination Fee	$100 for accounts under Simple Fee Schedule $150 for accounts under Flexible Fee Schedule
C. Overnight Fee	$10 - 35 (International or Special Delivery may be higher.)
D. Wire Fee	$35

E. Fee and Billing Policies

Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money Market. If cash is not available, fees will be billed to the Account Owner, which may delay the distribution request. If a distribution results in an account value reduction to under $100, RAI reserves the right to resign as trustee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.

11. Signature and Acknowledgment

I acknowledge the declarations made above.

IRA Account Owner's Signature X _(signature)_

Date **NOVEMBER 3, 2000**

One choice from each applicable item must be checked. When completed, please return this form to Retirement Accounts, Inc.

Notice of Withholding on Distributions or Withdrawals From IRAs

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless of whether you elect to have tax withheld. If you have provided Retirement Accounts, Inc. your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you have not provided Retirement Accounts, Inc. with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are eligible (as explained above), you may elect not to have withholding apply to your distribution payments by signing and dating the election form under Section 8 of the Distribution Request Form.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

If you intend to make a rollover deposit of the distribution you are receiving, you should consider the election not to have tax withheld.

If you do not return the election form before the distribution is made from your account, federal income tax will be withheld from your distribution.

Your election will remain in effect until you revoke it and will be honored for all future distributions from this IRA. You may revoke an election by completing a new Distribution Request Form.

© Retirement Accounts, Inc., 2000   3 of 5   RAI-1716 (2/00)

Individual Retirement Account Statement
October 1, 2000 - December 31, 2000

STANLEY T. MILLER

REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number: ██████████   Trustee Tax ID#: ██████████   SSN: ██████████

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE		CONTRIBUTION AND DISTRIBUTION SUMMARY	
Current Period		**Rollovers**	
Brokerage Accounts	$5,528,417.42	Current Tax Year	$0.00
* Cash	50,012.90		
Account Value Subtotal	$5,578,430.32	**Contributions**	
		Current Tax Year (2000)	$0.00
Total Account Value	$5,578,430.32	Prior Tax Year (1999)	$0.00
Prior Period		**Employer Contributions**	
Total Account Value	$5,486,785.40	Received Current Year	$0.00
		Roth Conversion	
		Current Tax Year	$0.00
		Distributions	
		Current Tax Year	$20,000.00

* Only cash on deposit with the Trustee is FDIC Insured. No other investments are FDIC insured through the Trustee.

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498.

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Page 2 of 2

ACCOUNT INVESTMENTS

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	5,486,785.40	5,528,417.42
	Total Value of Brokerage Accounts	$5,528,417.42

CASH

Description	Interest Rate	Annual Percentage Yield	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	1.8800	1.90	N/A	50,012.90
			Total Value of Cash	$50,012.90
			TOTAL ACCOUNT VALUE	$5,578,430.32

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
11/15/2000	RECEIVE CHECK FROM BROKERAGE FIRM	BERNARD L. MADOFF CK # 112869		20,000.00
11/16/2000	IRA DISTRIBUTION	For Tax Year 2000		-20,000.00
12/22/2000	RECEIVE CHECK FROM BROKERAGE FIRM	BERNARD L. MADOFF CK # 113501		50,000.00
12/29/2000	INTEREST			12.90

RETIREMENT ACCOUNTS, INC.

Individual Retirement Account Statement
October 1, 2001 - December 31, 2001

STANLEY T. MILLER   14736

DEDACTED REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number: ▇▇▇▇▇▇▇   Trustee Tax ID #: ▇▇▇▇▇▇▇

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period
Brokerage Accounts $5,710,224.80
* Cash   50,235.28
Account Value Subtotal $5,760,460.08

Total Account Value $5,760,460.08

Prior Period
Total Account Value $5,715,156.32

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Contributions	
Current Tax Year (2001)	$0.00
Prior Tax Year (2000)	$0.00
Employer Contributions	
Received Current Year	$0.00
Roth Conversion	
Current Tax Year	$0.00
Distributions	
** Current Tax Year	$600,000.00

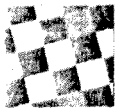* Only cash on deposit with the Trustee is FDIC insured. No other investments are FDIC insured through the Trustee.

** May include distributions that do not apply toward your required minimum distribution.

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498.

RETIREMENT ACCOUNTS, INC.

011068020001
Page 2 of 3

ACCOUNT INVESTMENTS

Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	5,664,938.18	5,710,224.80
	Total Value of Brokerage Accounts	$5,710,224.80

CASH

Description	Annual Percentage Yield	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	0.60	50,218.14	50,235.28
		Total Value of Cash	$50,235.28
		TOTAL ACCOUNT VALUE	$5,760,460.08

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
10/01/2001	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2001		-50,000.00
10/22/2001	FEE COLLECTION			-78.00
10/25/2001	CASH ADJUSTMENT INCREASE			50,000.00
10/31/2001	INTEREST			3.39
11/01/2001	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2001		-50,000.00
11/20/2001	CASH ADJUSTMENT INCREASE	BERNARD L MADOFF CHECK # 130169		50,000.00
11/26/2001	FEE REIMBURSEMENT			78.00
11/30/2001	INTEREST			7.68
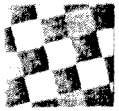
RETIREMENT ACCOUNTS, INC.

011068020001
Page 3 of 3

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
12/03/2001	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2001		-50,000.00
12/24/2001	CASH ADJUSTMENT INCREASE			50,000.00
12/31/2001	INTEREST			6.07

Form 1099-R — Copy C

	CORRECTED (if checked)		BR8-RAI

PAYER'S name, street address, city, state, and ZIP code

THE AFFINITY GROUP, INC.
RETIREMENT ACCOUNTS, INC.
717 17TH STREET SUITE 2600
DENVER, CO 80202
800-325-4352

Field	Value
1 Gross distribution	$600,000.00
2a Taxable amount	$600,000.00
OMB No. 1545-0119	2001 — Form 1099-R
2b Taxable amount not determined	[X]
Total distribution	
3 Capital gain (included in box 2a)	$0.00
4 Federal income tax withheld	$0.00
5 Employee contributions or insurance premiums	$0.00
6 Net unrealized appreciation in employer's securities	$0.00
7 Distribution code(s)	7
IRA/SEP/SIMPLE	[X]
8 Other	$0.00 %
9a Your percentage of total distribution	%
9b Total employee contributions	$0.00
10 State tax withheld	$0.00
11 State/Payer's state no.	FU
12 State distribution	$0.00
13 Local tax withheld	$0.00
14 Name of locality	
15 Local distribution	$0.00

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
For Recipients Records
This information is being furnished to the Internal Revenue Service.

PAYER'S Federal identification number   RECIPIENT'S identification number

RECIPIENT'S name, street address, city, state, and ZIP code

MILLER, STANLEY T

REDACTED

Account number (optional)

Form 1099-R   (keep for your records)   Department of the Treasury-Internal Revenue Service

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Form 1099-R — Copy B

	CORRECTED (if checked)		BR8-RAI

PAYER'S name, street address, city, state, and ZIP code

THE AFFINITY GROUP, INC.
RETIREMENT ACCOUNTS, INC.
717 17TH STREET SUITE 2600
DENVER, CO 80202
800-325-4352

Field	Value
1 Gross distribution	$600,000.00
2a Taxable amount	$600,000.00
OMB No. 1545-0119	2001 — Form 1099-R
2b Taxable amount not determined	[X]
Total distribution	
3 Capital gain (included in box 2a)	$0.00
4 Federal income tax withheld	$0.00
5 Employee contributions or insurance premiums	$0.00
6 Net unrealized appreciation in employer's securities	$0.00
7 Distribution code(s)	7
IRA/SEP/SIMPLE	[X]
8 Other	$0.00 %
9a Your percentage of total distribution	%
9b Total employee contributions	$0.00
10 State tax withheld	$0.00
11 State/Payer's state no.	FU
12 State distribution	$0.00
13 Local tax withheld	$0.00
14 Name of locality	
15 Local distribution	$0.00

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.

PAYER'S Federal identification number   RECIPIENT'S identification number

RECIPIENT'S name, street address, city, state, and ZIP code

MILLER, STANLEY T

REDACTED

Account number (optional)

Form 1099-R   Department of the Treasury-Internal Revenue Service

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Form 1099-R — Copy 2

	CORRECTED (if checked)		BR8-RAI

PAYER'S name, street address, city, state, and ZIP code

THE AFFINITY GROUP, INC.
RETIREMENT ACCOUNTS, INC.
717 17TH STREET SUITE 2600
DENVER, CO 80202
800-325-4352

Field	Value
1 Gross distribution	$600,000.00
2a Taxable amount	$600,000.00
OMB No. 1545-0119	2001 — Form 1099-R
2b Taxable amount not determined	[X]
Total distribution	
3 Capital gain (included in box 2a)	$0.00
4 Federal income tax withheld	$0.00
5 Employee contributions or insurance premiums	$0.00
6 Net unrealized appreciation in employer's securities	$0.00
7 Distribution code(s)	7
IRA/SEP/SIMPLE	[X]
8 Other	$0.00 %
9a Your percentage of total distribution	%
9b Total employee contributions	$0.00
10 State tax withheld	$0.00
11 State/Payer's state no.	FU
12 State distribution	$0.00
13 Local tax withheld	$0.00
14 Name of locality	
15 Local distribution	$0.00

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

PAYER'S Federal identification number   RECIPIENT'S identification number

RECIPIENT'S name, street address, city, state, and ZIP code

MILLER, STANLEY T

REDACTED

Account number (optional)

Form 1099-R   Department of the Treasury-Internal Revenue Service

RETIREMENT ACCOUNTS, INC.

Individual Retirement Account Statement
October 1, 2002 - December 31, 2002

0081130534097 0005 0025685 00115340122
STANLEY T MILLER

REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number: ▆▆▆▆▆▆▆▆

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE		CONTRIBUTION AND DISTRIBUTION SUMMARY	
Current Period		Rollovers	
Brokerage Accounts	$5,820,225.14	Current Tax Year	$0.00
*Cash	$50,011.92		
Total Account Value	**$5,870,237.06**	Contributions	
		Current Tax Year (2002)	$0.00
		Prior Tax Year (2001)	$0.00
Prior Period			
Total Account Value	**$5,903,609.56**	Employer Contributions	
		Received Current Year	$0.00
		Roth Conversions	
		Current Tax Year	$0.00
		Distributions	
		**Current Tax Year	$200,000.00

*Only cash on deposit with the Trustee is FDIC insured   No other investments are FDIC insured through the Trustee

** May include distributions that do not apply toward your required minimum distribution

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records   Report any discrepancies to us immediately

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498

Our records indicate that you are 70 1/2 or older According to IRS regulations, you are subject to required minimum distributions unless special exceptions apply   Please refer to the article in the January edition of RAI Client News for more information
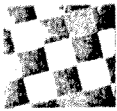
RETIREMENT ACCOUNTS, INC.

ACCOUNT INVESTMENTS

| Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value |

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	5,853,597.92	5,820,225.14

	Total Value of Brokerage Accounts	**$5,820,225.14**

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	0.35	50,011.64	50,011.92

	Total Value of Cash	**$50,011.92**

	TOTAL ACCOUNT VALUE	**$5,870,237.06**

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
10/01/2002	WIRE FEE	POST TO SUSPENSE ACCOUNT 010000115156 1 F		-7.50
10/01/2002	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2002		-50,000.00
10/22/2002	CASH ADJUSTMENT INCREASE			50,000.00
10/31/2002	INTEREST			5.44
11/01/2002	WIRE FEE	POST TO SUSPENSE ACCOUNT 010000115156 1 F		-7.50
11/01/2002	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2002		-50,000.00
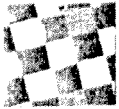
**RETIREMENT
ACCOUNTS, INC.**

03103803043|8
Page 3 of 3

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
11/20/2002	CASH ADJUSTMENT INCREASE			50,000.00
11/29/2002	INTEREST			3.69
12/02/2002	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2002		50,000.00
12/16/2002	CASH ADJUSTMENT INCREASE			50,000.00
12/31/2002	INTEREST			6.15

CORRECTED (if checked)

Form 1099-R — Copy B

PAYER'S name, street address, city, state, and ZIP code:
THE AFFINITY GROUP, INC
RETIREMENT ACCOUNTS INC
717 17TH STREET SUITE 2600
DENVER, CO 80202

1 Gross distribution: $ 200,000.00
2a Taxable amount: $ 200,000.00
2b Taxable amount not determined [X]   Total distribution [ ]
OMB No. 1545-0119
2002 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $
5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7   IRA/SEP/SIMPLE [X]
8 Other: $ %
9a Your percentage of total distribution: %
9b Total employee contributions: $

This information is being furnished to the Internal Revenue Service

RECIPIENT'S name, address, city, state, and ZIP code:
MILLER, STANLEY T
REDACTED

Account number (optional): REDACTED

10 State tax withheld: $
11 State/Payer's state no.
12 State distribution: $
13 Local tax withheld: $
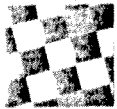14 Name of locality
15 Local distribution: $

Form 1099-R   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code:
THE AFFINITY GROUP, INC
RETIREMENT ACCOUNTS INC
717 17TH STREET SUITE 2605
DENVER, CO 80202

1 Gross distribution: $ 200,000.00
2a Taxable amount: $ 200,000.00
2b Taxable amount not determined [X]   Total distribution [ ]
OMB No. 1545-0119
2002 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
For Recipient's Records

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $
5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7   IRA/SEP/SIMPLE [X]
8 Other: $ %
9a Your percentage of total distribution: %
9b Total employee contributions: $

This information is being furnished to the Internal Revenue Service

RECIPIENT'S name, address, city, state, and ZIP code:
MILLER, STANLEY T
REDACTED

Account number (optional): REDACTED

10 State tax withheld: $
11 State/Payer's state no.
12 State distribution: $
13 Local tax withheld: $
14 Name of locality
15 Local distribution: $

Form 1099-R   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code:
THE AFFINITY GROUP, INC
RETIREMENT ACCOUNTS INC
717 17TH STREET SUITE 2600
DENVER, CO 80202

1 Gross distribution: $ 200,000.00
2a Taxable amount: $ 200,000.00
2b Taxable amount not determined [X]   Total distribution [ ]
OMB No. 1545-0119
2002 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $
5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7   IRA/SEP/SIMPLE [X]
8 Other: $ %
9a Your percentage of total distribution: %
9b Total employee contributions: $

RECIPIENT'S name, address, city, state, and ZIP code:
MILLER, STANLEY T
REDACTED

Account number (optional): REDACTED

10 State tax withheld: $
11 State/Payer's state no.
12 State distribution: $
13 Local tax withheld: $
14 Name of locality
15 Local distribution: $

Form 1099-R   Department of the Treasury - Internal Revenue Service

RETIREMENT ACCOUNTS, INC.

Individual Retirement Account Statement
October 1, 2003 - December 31, 2003

Page 1 of

0081130825780 0005 0038500 0017343 0121
STANLEY T. MILLER

REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number:

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period	
Brokerage Accounts	$6,163,835.92
*Cash	$50,002.68
Total Account Value	$6,213,838.60
Prior Period	
Total Account Value	$6,273,102.52

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Contributions	
Current Tax Year (2003)	$0.00
Prior Tax Year (2002)	$0.00
Employer Contributions	
Received Current Year	$0.00
Roth Conversions	
Current Tax Year	$0.00
Distributions	
**Current Tax Year	$250,000.00

*Only cash on deposit with the Trustee is FDIC insured. No other investments are FDIC insured through the Trustee

** May include distributions that do not apply toward your required minimum distribution

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498

Our records indicate that you are age 70 1/2 or older or that you will attain age 70 1/2 in 2004. According to IRS regulations, you are subject to required minimum distributions unless special exceptions apply. Please refer to the article in the January edition of RAI Client News for more information

RETIREMENT ACCOUNTS, INC.

ACCOUNT INVESTMENTS

| Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value |

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	6,223,095.04	6,163,835.92
	Total Value of Brokerage Accounts	**$6,163,835.92**

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	0.25	50,007.48	50,002.68
		Total Value of Cash	**$50,002.68**
		TOTAL ACCOUNT VALUE	**$6,213,838.60**

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
10/01/2003	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2003		-50,000.00
10/20/2003	CASH ADJUSTMENT INCREASE			50,000.00
10/31/2003	INTEREST			3.40
11/03/2003	WIRE FEE	POST TO SUSPENSE ACCOUNT 010000115156 1 F		-7.50
11/03/2003	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2003		-50,000.00
11/17/2003	CASH ADJUSTMENT INCREASE	BERNARD L MADOFF CK 149082		50,000.00
11/28/2003	INTEREST			4.76
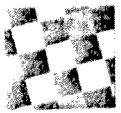
RETIREMENT ACCOUNTS, INC.

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
12/01/2003	WIRE FEE	POST TO SUSPENSE ACCOUNT 010000115156 1 F		-7 50
12/01/2003	IRA DISTRIBUTION	MONTHLY DISTRIBUTION For Tax Year 2003		-50 000 00
12/23/2003	CASH ADJUSTMENT INCREASE			50 000 00
12/31/2003	INTEREST			2 04

CORRECTED (if checked)

| PAYER'S name, street address, city, state, and ZIP code | 1 Gross distribution $ | OMB No. 1545-0119 | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | 2a Taxable amount $ | 20**03** Form **1099-R** | |

	2b Taxable amount not determined	Total distribution	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
PAYER'S Federal identification number RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address, city, state, and ZIP code	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
MILLER, STANLEY	7 Distribution code(s) IRA	8 Other $ %	This information is being furnished to the Internal Revenue Service
REDACTED	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (optional)	10 State tax withheld $	11 State/Payer's state no.	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

| PAYER'S name, street address, city, state, and ZIP code | 1 Gross distribution $ | OMB No. 1545-0119 | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| RETIREMENT ACCRUALS INC | 2a Taxable amount $ | 20**03** Form **1099-R** | |

	2b Taxable amount not determined	Total distribution	Copy C For Recipient's Records
PAYER'S Federal identification number RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address, city, state, and ZIP code	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
MILLER, STANLEY	7 Distribution code(s) IRA	8 Other $ %	This information is being furnished to the Internal Revenue Service
REDACTED	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (optional)	10 State tax withheld $	11 State/Payer's state no.	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

| PAYER'S name, street address, city, state, and ZIP code | 1 Gross distribution $ | OMB No. 1545-0119 | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| RETIREMENT ACCRUALS INC | 2a Taxable amount $ | 20**03** Form **1099-R** | |

	2b Taxable amount not determined	Total distribution	Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S Federal identification number RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address, city, state, and ZIP code	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
MILLER, STANLEY	7 Distribution code(s) IRA	8 Other $ %	
REDACTED	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (optional)	10 State tax withheld $	11 State/Payer's state no.	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

RETIREMENT
ACCOUNTS, INC.

Individual Retirement Account Statement
October 1, 2004 - December 31, 2004

0081134110719 0007 0028090 0013002 0121
STANLEY T MILLER

REDACTED

Participant Name: STANLEY T. MILLER
Retirement Account Number: ████████

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period

Brokerage Accounts	$6,344,039.25
Cash	$50,127.09
Total Account Value	**$6,394,166.34**

Prior Period

Total Account Value	**$6,265,642.99**

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Contributions	
Current Tax Year (2004)	$0.00
Prior Tax Year (2003)	$0.00
Employer Contributions	
Received Current Year	$0.00
Roth Conversions	
Current Tax Year	$0.00
Distributions	
**Current Tax Year	$449,977.26

*Only cash on deposit with the Trustee is FDIC insured No other investments are FDIC insured through the Trustee.

** May include distributions that do not apply toward your required minimum distribution

IMPORTANT ACCOUNT INFORMATION

Please be sure to review the reverse side of this statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498, if the account is an IRA, SEP, Simple, or Roth account

Our records indicate that you are age 70½ or older or that you will attain age 70½ in 2005 According to IRS regulations, you are subject to required minimum distributions unless special exceptions apply Please refer to the article in the January edition of RAI Client News for more information

Please read the enclosed newsletter for important fee information.

PO Box 173785 Denver CO 80217-3785 303-294-5959 800-325-4352 Fax 303-294-5899 www.retirementaccountsinc.com

RETIREMENT
ACCOUNTS, INC.

03103803043

Page 2 of 2

ACCOUNT INVESTMENTS

InvestmentProducts: • Not FDIC Insured • No Bank Guarantee • May Lose Value

BROKERAGE ACCOUNTS

Description/AccountNumber	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	6,215,554.22	6,344,039.25

Total Value of Brokerage Accounts $6,344,039.25

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
PEAK MONEY MARKET	0.28	50,088.77	50,127.09

Total Value of Cash $50,127.09

TOTAL ACCOUNT VALUE $6,394,166.34

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Transaction Amount
10/29/2004	INTEREST			10.54
11/18/2004	CASH ADJUSTMENT INCREASE			50,000.00
11/29/2004	TRANSFER OF CASH OUT	RETURN FUNDS TO MADOFF		-50,000.00
11/30/2004	INTEREST			12.90
12/31/2004	INTEREST			14.88

P.O. Box 173785 • Denver, CO • 80217-3785 • 303-294-5959 • 800-325-4352 • Fax 303-294-5899 • www.retirementaccountsinc.com

082113 1116/19 0007 028091 0013062 0121

	CORRECTED (if checked)		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city, state, and ZIP code
FISERV AFFINITY INC
717 17TH STREET SUITE 2600
DENVER, CO 80202

1 Gross distribution $ 449,977.26
2a Taxable amount $ 449,977.26

OMB No. 1545-0119
20**04**
Form 1099-R

2b Taxable amount not determined   Total distribution

Copy B
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.

PAYER'S Federal identification number   RECIPIENT'S identification number

3 Capital gain (included in box 2a) $
4 Federal income tax withheld $

RECIPIENT'S name, street address, city, state, and ZIP code
STANLEY T MILLER

REDACTED
REDACTED

5 Employee contributions or insurance premiums $
6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) IRA/SEP/SIMPLE [X] 7
8 Other $ %

This information is being furnished to the Internal Revenue Service.

9a Your percentage of total distribution   %
9b Total employee contributions $

Account number (optional)

10 State tax withheld $
11 State/Payer's state no. FL /
12 State distribution $

13 Local tax withheld $
14 Name of locality
15 Local distribution $

Department of the Treasury - Internal Revenue Service

Form 1099-R

	CORRECTED (if checked)		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city, state, and ZIP code
FISERV AFFINITY INC
717 17TH STREET SUITE 2600
DENVER, CO 80202

1 Gross distribution $ 449,977.26
2a Taxable amount $ 449,977.26

OMB No. 1545-0119
20**04**
Form 1099-R

2b Taxable amount not determined [X]   Total distribution

Copy C
For Recipient's Records

PAYER'S Federal identification number   RECIPIENT'S identification number

3 Capital gain (included in box 2a) $
4 Federal income tax withheld $

RECIPIENT'S name, street address, city, state, and ZIP code
STANLEY T MILLER

REDACTED
REDACTED

5 Employee contributions or insurance premiums $
6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) IRA/SEP/SIMPLE [X] 7
8 Other $ %

This information is being furnished to the Internal Revenue Service.

9a Your percentage of total distribution   %
9b Total employee contributions $

Account number (optional)

10 State tax withheld $
11 State/Payer's state no. FL /
12 State distribution $

13 Local tax withheld $
14 Name of locality
15 Local distribution $

Department of the Treasury - Internal Revenue Service

Form 1099-R   (Keep for your records.)

	CORRECTED (if checked)		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city, state, and ZIP code
FISERV AFFINITY INC
717 17TH STREET SUITE 2600
DENVER, CO 80202

1 Gross distribution $ 449,977.26
2a Taxable amount $ 449,977.26

OMB No. 1545-0119
20**04**
Form 1099-R

2b Taxable amount not determined [X]   Total distribution

Copy 2
File this copy with your state, city, or local income tax return, when required.

PAYER'S Federal identification number   RECIPIENT'S identification number

3 Capital gain (included in box 2a) $
4 Federal income tax withheld $

RECIPIENT'S name, street address, city, state, and ZIP code
STANLEY T MILLER

REDACTED
REDACTED

5 Employee contributions or insurance premiums $
6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) IRA/SEP/SIMPLE [X] 7
8 Other $ %

9a Your percentage of total distribution   %
9b Total employee contributions $

Account number (optional)

10 State tax withheld $
11 State/Payer's state no. FL /
12 State distribution $

13 Local tax withheld $
14 Name of locality
15 Local distribution $

Department of the Treasury - Internal Revenue Service

Form 1099-R

FISERV | Investment
Support
Services

View Your Account Online!
www.fiserviss-iaservices.com

Corrected Statement

Traditional IRA
October 1, 2005 - December 31, 2005

Page 1 of 3

·00472 4388661 001 008145
STANLEY T MILLER

REDACTED
REDACTED

Account Name: STANLEY T. MILLER
Account Number: ■■■■■■■■

Contact: IA SERVICES TEAM H

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period
Brokerage Accounts	$6,332,564.10
*Cash	$141.05
Total Account Value	**$6,332,705.15**

Prior Period
Total Account Value	$6,132,651.32

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers
Current Tax Year	$0.00

Contributions
Current Tax Year (2005)	$0.00
Prior Tax Year (2004)	$0.00

Employer Contributions
Received Current Year	$0.00

Distributions
**Current Tax Year (2005)	$350,000.00
Current Tax Year Withholding (2005)	$0.00
**Prior Tax Year (2004)	$449,977.26
Prior Tax Year Withholding (2004)	$0.00

*Only cash on deposit with the Trustee is FDIC insured. No other investments are FDIC insured through the Trustee

** May include distributions that do not apply toward your required minimum distribution.

IMPORTANT ACCOUNT INFORMATION

Please review the last page of your statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498, if the account is an IRA, SEP, Simple, or Roth account.

Our records indicate that you are age 70½ or older or that you will attain age 70½ in 2006. According to IRS regulations, you are subject to required minimum distributions unless special exceptions apply. Please refer to the article in the January edition of 'Spotlight' for more information.

·00472 132856· 00004 1 0014 72 09061 00002

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ACCOUNT INVESTMENTS

Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	6,132,510.27	6,332,564.10
Total Value of Brokerage Accounts		$6,332,564.10

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
FISERV TRUST MONEY MARKET ACCOUNT	N/A	141.05	141.05
Total Value of Cash			$141.05

TOTAL ACCOUNT VALUE	$6,332,705.15

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Cash
Beginning Cash Balance (as of 10/01/2005)				$141.05
12/30/2005	VALUATION ADJUSTMENT	BERNARD L MADOFF BRKG ACCT VALUE	200,053.8300	
Ending Cash Balance (as of 12/31/2005)				$141.05

Form 1 — Copy B

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 350,000.00	**2005**	
	2a Taxable amount		
	$ 350,000.00	Form **1099-R**	

	2b Taxable amount not determined [X]	Total distribution [ ]	**Copy B** Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY F MILLER	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED	7 Distribution code(s) 7 / IRA/SEP/SIMPLE [X]	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

Form 2 — Copy C

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 350,000.00	**2005**	
	2a Taxable amount		
	$ 350,000.00	Form **1099-R**	

	2b Taxable amount not determined [X]	Total distribution [ ]	**Copy C** For Recipient's Records
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY F MILLER	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED	7 Distribution code(s) 7 / IRA/SEP/SIMPLE [X]	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

Form 3 — Copy 2

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 350,000.00	**2005**	
	2a Taxable amount		
	$ 350,000.00	Form **1099-R**	

	2b Taxable amount not determined [X]	Total distribution [ ]	**Copy 2** File this copy with your state, city, or local income tax return, when required.
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY F MILLER	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED	7 Distribution code(s) 7 / IRA/SEP/SIMPLE [X]	8 Other $ %	
	9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

View Your Account Online!
www.fiserviss-iaservices.com

Fiserv Trust Company

Traditional IRA
October 1, 2006 - December 31, 2006

›07703 4762914 001 008 145
STANLEY T. MILLER

REDACTED

Account Name: STANLEY T. MILLER
Account Number: ▓▓▓▓▓▓▓

Contact: IA SERVICES TEAM A

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period
Brokerage Accounts	$7,137,863.81
*Cash	$183.05
Total Account Value	**$7,138,046.86**

Prior Period
Total Account Value	$6,953,908.60

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers
Current Tax Year	$0.00

Contributions
Current Tax Year (2006)	$0.00
Prior Tax Year (2005)	$0.00

Employer Contributions
Received Current Year	$0.00

Distributions
**Current Tax Year (2006)	$50,000.00
Current Tax Year Withholding (2006)	$0.00
**Prior Tax Year (2005)	$350,000.00
Prior Tax Year Withholding (2005)	$0.00

* Fiserv Trust's FDIC insurance coverage applies only to deposits held in the Fiserv Trust Money Market, and to certificates of deposit issued by Fiserv Trust. No other investments are FDIC insured through Fiserv Trust.

** May include distributions that do not apply toward your required minimum distribution.

IMPORTANT ACCOUNT INFORMATION

Please review the last page of your statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498, if the account is an IRA, SEP, Simple, or Roth account.

Our records indicate that you are age 70½ or older or that you will attain age 70½ in 2007. According to IRS regulations, you are subject to required minimum distributions unless special exceptions apply. Please refer to the article in the January edition of 'Spotlight' for more information.

07703 4762914 015406 024653 00001/00002

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ACCOUNT INVESTMENTS

Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	6,953,725.55	7,137,863.81
Total Value of Brokerage Accounts		**$7,137,863.81**

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
FISERV TRUST MONEY MARKET ACCOUNT	N/A	183.05	183.05
Total Value of Cash			**$183.05**

TOTAL ACCOUNT VALUE	**$7,138,046.86**

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Cash
Beginning Cash Balance (as of 10/01/2006)				$183.05
12/29/2006	VALUATION ADJUSTMENT	BERNARD L MADOFF BRKG ACCT VALUE	184,138.2600	
Ending Cash Balance (as of 12/31/2006)				$183.05

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 50,000.00	**2006**	
	2a Taxable amount		
	$ 50,000.00	Form **1099-R**	

		2b Taxable amount not determined [X] Total distribution [ ]		**Copy B**
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER REDACTED REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) IRA/SEP/SIMPLE [X] 7	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 50,000.00	**2006**	
	2a Taxable amount		
	$ 50,000.00	Form **1099-R**	

		2b Taxable amount not determined [X] Total distribution [ ]		**Copy C**
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	For Recipient's Records
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER REDACTED REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) IRA/SEP/SIMPLE [X] 7	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202	$ 50,000.00	**2006**	
	2a Taxable amount		
	$ 50,000.00	Form **1099-R**	

		2b Taxable amount not determined [X] Total distribution [ ]		**Copy 2**
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER REDACTED REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) IRA/SEP/SIMPLE [X] 7	8 Other $ %	
	9a Your percentage of total distribution %	9b Total employee contributions $	
1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

View Your Account Online!
www.fiserviss-iaservices.com

Fiserv Trust Company

Traditional IRA
October 1, 2007 - December 31, 2007

Page 1 of 4

·05809 5153983 001 008145
STANLEY T. MILLER

REDACTED

Account Name: STANLEY T. MILLER
Account Number: ~~[REDACTED]~~

Contact: CLIENT CONNECTION

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period

Brokerage Accounts	$6,708,745.42
*Cash	$60,371.19
Non-Standard Assets	$1,074,909.71
Total Account Value	**$7,844,026.32**

Prior Period

Total Account Value	$7,656,173.65

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Contributions	
Current Tax Year (2007)	$0.00
Prior Tax Year (2006)	$0.00
Employer Contributions	
Current Tax Year (2007)	$0.00
Prior Tax Year (2006)	$0.00
Distributions	
**Current Tax Year (2007)	$100,000.00
Current Tax Year Withholding (2007)	$0.00
**Prior Tax Year (2006)	$50,000.00
Prior Tax Year Withholding (2006)	$0.00

* Fiserv Trust's FDIC insurance coverage applies only to deposits held in the Fiserv Trust Money Market, and to certificates of deposit issued by Fiserv Trust. No other investments are FDIC insured through Fiserv Trust.

** May include distributions that do not apply toward your required minimum distribution.

IMPORTANT ACCOUNT INFORMATION

Please review the last page of your statement for more important account information and retain this statement for your records. Report any discrepancies to us immediately.

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498, if the account is an IRA, SEP, Simple, or Roth account.

Our records indicate that you are 70½ or older. According to IRS regulations, you are subject to required minimum distributions (RMDs) unless special exceptions apply. You must take a distribution of the required amount by December 31, 2008. We will report to the IRS that you are subject to RMDs. If you would like us to calculate the amount of your RMD or if you have questions, please contact us.

717 17th Street, Ste. 1700, Denver, CO 80202-3331   PO Box 173859, Denver, CO 80217-3859   800-962-4238

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ACCOUNT INVESTMENTS

Investment Products: • Not FDIC Insured • No Bank Guarantee • May Lose Value

BROKERAGE ACCOUNTS

Description/Account Number	Previous Reported Value	Current Reported Value
BERNARD L MADOFF BRKG ACCT VALUE ZR284	6,594,904.82	6,708,745.42
Total Value of Brokerage Accounts		**$6,708,745.42**

CASH

Description	Annual Percentage Yield Earned	Previous Reported Value	Current Reported Value
FISERV TRUST MONEY MARKET ACCOUNT	0.34%	164.37	60,371.19
Total Value of Cash			**$60,371.19**

NON-STANDARD ASSETS

Description	Shares/Units	Price Per Share/Unit	Pricing Source	Previous Reported Value	Current Reported Value
AUSTIN CAPITAL SAFE HARBOR OFFSHORE FD A	68.2290	15,754.4403	33	1,061,104.46	1,074,909.71
Total Value of Non-Standard Assets					**$1,074,909.71**

TOTAL ACCOUNT VALUE   **$7,844,026.32**

ACCOUNT TRANSACTIONS

Transaction Date	Transaction	Transaction Description	Transaction Shares	Cash
Beginning Cash Balance (as of 10/01/2007)				$164.37
12/18/2007	SHARES SOLD	BERNARD L MADOFF BRKG ACCT VALUE (As of 12/17/2007)	-60,000.0000	
12/18/2007	SALE SETTLEMENT	BERNARD L MADOFF BRKG ACCT VALUE (As of 12/17/2007)		60,000.00

Fiserv Trust Company

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Transaction Date	Transaction	Transaction Description	Transaction Shares	Cash
12/20/2007	FEE REIMBURSEMENT			200.00
12/31/2007	INTEREST			6.82
12/31/2007	VALUATION ADJUSTMENT	BERNARD L MADOFF BRKG ACCT VALUE	173,840.6000	
Ending Cash Balance (as of 12/31/2007)				**$60,371.19**

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $ 100,000.00	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2a Taxable amount $ 100,000.00	**2007** Form **1099-R**	
		2b Taxable amount not determined ☒ Total distribution ☐		**Copy B** Report this income on your Federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED		7 Distribution code(s)	IRA/SEP/SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)		13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $ 100,000.00	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2a Taxable amount $ 100,000.00	**2007** Form **1099-R**	
		2b Taxable amount not determined ☒ Total distribution ☐		**Copy C** For Recipient's Records
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED REDACTED		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other $ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)		13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

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☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $ 100,000.00	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2a Taxable amount $ 100,000.00	**2007** Form **1099-R**	
		2b Taxable amount not determined ☒ Total distribution ☐		**Copy 2** File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code STANLEY T MILLER		5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
REDACTED		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other $ %	
		9a Your percentage of total distribution %	9b Total employee contributions $	
	1st year of desig. Roth contrib.	10 State tax withheld $	11 State/Payer's state no. FL /	12 State distribution $
Account number (see instructions)		13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

FISERV. | Investment Support Services

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Page 1 of 4

Traditional IRA
October 1, 2008 - December 31, 2008

>03881 5666970 001 008145
STANLEY T MILLER

REDACTED
REDACTED

Account Name: STANLEY T. MILLER
Account Number: ▓▓▓▓▓▓▓

Contact: CLIENT CONNECTION

ACCOUNT SUMMARY

REPORTED ACCOUNT VALUE

Current Period

Brokerage Accounts	$6,379,607.56
*Cash	$257.47
Non-Standard Assets	$951,539.88
Total Account Value	**$7,331,404.91**

Prior Period

Total Account Value	$7,590,799.99

CONTRIBUTION AND DISTRIBUTION SUMMARY

Rollovers	
Current Tax Year	$0.00
Contributions	
Current Tax Year (2008)	$0.00
Prior Tax Year (2007)	$0.00
Employer Contributions	
Current Tax Year (2008)	$0.00
Prior Tax Year (2007)	$0.00
Distributions	
**Current Tax Year (2008)	$900,000.00
Current Tax Year Withholding (2008)	$0.00
**Prior Tax Year (2007)	$100,000.00
Prior Tax Year Withholding (2007)	$0.00

* FDIC insurance coverage applies only to deposits held in cash and to certificates of deposit issued by your trustee/custodian No other investments are FDIC insured through this institution

** May include distributions that do not apply toward your required minimum distribution

IMPORTANT ACCOUNT INFORMATION

Please review the last page of your statement for more important account information and retain this statement for your records Report any discrepancies to us immediately

As required by law, the fair market value reported on this statement will be furnished to the Internal Revenue Service on IRS Form 5498, if the account is an IRA. SEP, Simple, or Roth account

717 17th Street, Ste 1700, Denver, CO 80202-3331 » PO Box 173859, Denver, CO 80217-3859 » 800-962-4238

Trust and custodial services provided by Trust Industrial Bank, member FDIC

CLINS (01 09), RMD (01-09)

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FISERV | Investment
Support
Services

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Page 3 of 4

Transaction Date	Transaction	Transaction Description	Transaction Shares	Cash
10/08/2008	IRA DISTRIBUTION	For Tax Year 2008		-60,000.00
10/10/2008	FEE COLLECTION			-80.97
11/05/2008	FEE PAYMENT	CHK#007410 $300.00		
11/05/2008	FEE REIMBURSEMENT			257.47
11/10/2008	SHARES SOLD	BERNARD L MADOFF BRKG ACCT VALUE	-60,000.0000	
11/10/2008	SALE SETTLEMENT	BERNARD L MADOFF BRKG ACCT VALUE		60,000.00
11/10/2008	IRA DISTRIBUTION	For Tax Year 2008		-60,000.00

Ending Cash Balance (as of 12/31/2008)   **$257.47**

03881 5666970 007763 012740 00002/00002

	CORRECTED (if checked)		
PAYER'S name, street address, city, state, and ZIP code
TRUST INDUSTRIAL BANK
P O BOX 173859
DENVER, CO 80217-3859	**1** Gross distribution
$ 900,000.00
2a Taxable amount
$ 900,000.00	OMB No. 1545-0119
20**08**
Form **1099-R**	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined [X] Total distribution [ ] **Copy B** Report this income on your Federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code
STANLEY T MILLER
REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) **7**   IRA/ SEP/ SIMPLE [X]   8 Other $ %

This information is being furnished to the Internal Revenue Service.

9a Your percentage of total distribution   %   9b Total employee contributions $

1st year of desig. Roth contrib.   10 State tax withheld $ 11 State/Payer's state no. FL /   12 State distribution $

Account number (see instructions)   13 Local tax withheld $ 14 Name of locality   15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

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	CORRECTED (if checked)		
PAYER'S name, street address, city, state, and ZIP code
TRUST INDUSTRIAL BANK
P O BOX 173859
DENVER, CO 80217-3859	**1** Gross distribution
$ 900,000.00
2a Taxable amount
$ 900,000.00	OMB No. 1545-0119
20**08**
Form **1099-R**	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined [X] Total distribution [ ] **Copy C** For Recipient's Records

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code
STANLEY T MILLER
REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) **7**   IRA/ SEP/ SIMPLE [X]   8 Other $ %

This information is being furnished to the Internal Revenue Service.

9a Your percentage of total distribution   %   9b Total employee contributions $

1st year of desig. Roth contrib.   10 State tax withheld $ 11 State/Payer's state no. FL /   12 State distribution $

Account number (see instructions)   13 Local tax withheld $ 14 Name of locality   15 Local distribution $

Form **1099-R**   (Keep for your records.)   Department of the Treasury - Internal Revenue Service

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	CORRECTED (if checked)		
PAYER'S name, street address, city, state, and ZIP code
TRUST INDUSTRIAL BANK
P O BOX 173859
DENVER, CO 80217-3859	**1** Gross distribution
$ 900,000.00
2a Taxable amount
$ 900,000.00	OMB No. 1545-0119
20**08**
Form **1099-R**	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined [X] Total distribution [ ] **Copy 2** File this copy with your state, city, or local income tax return, when required.

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code
STANLEY T MILLER
REDACTED	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $

7 Distribution code(s) **7**   IRA/ SEP/ SIMPLE [X]   8 Other $ %

9a Your percentage of total distribution   %   9b Total employee contributions $

1st year of desig. Roth contrib.   10 State tax withheld $ 11 State/Payer's state no. FL /   12 State distribution $

Account number (see instructions)   13 Local tax withheld $ 14 Name of locality   15 Local distribution $

Form **1099-R**   Department of the Treasury - Internal Revenue Service

EXHIBIT

1/9/09 STANLEY MILLER SIPC CLAIM

CUSTOMER CLAIM

Claim Number_____

Date Received_____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: **REDACTED**

HOME:__

Taxpayer I.D. Number (Social Security No.)

____ **REDACTED** -

1ZR284

STANLEY T MILLER

REDACTED

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

****

1.   Claim for money balances as of **December 11, 2008**:
   a.   The Broker owes me a Credit (Cr.) Balance of $ 456,000
   b.   I owe the Broker a Debit (Dr.) Balance of $ None

502180406   1

c.   If you wish to repay the Debit Balance,

please insert the amount you wish to repay and

attach a check payable to "Irving H. Picard, Esq.,

Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, **it must be enclosed**

with this claim form. ¹ $_____

d.   If balance is zero, insert "None."   *None*

2.   Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

See attached most recent statement 11/30/08

	YES	NO
a. The Broker owes me securities	✓	
b. I owe the Broker securities		✓

c.   If yes to either, please list below:

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds — The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	✓	
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		✓
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		✓
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		✓
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		✓
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	✓	

9.   Have you or any member of your family
       ever filed a claim under the Securities
       Investor Protection Act of 1970? if   _No_
       so, give name of that broker.   _____   _____

       Please list the full name and address of anyone assisting you in the
       preparation of this claim form:_____
       _____.

If you cannot compute the amount of your claim, you may file an estimated claim. In that
case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN $50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.**

Date __1/9/09__   Signature _____

Date _____   Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name,
address, phone number, and extent of ownership on a signed separate sheet. If other
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity
and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

1/9/09

3. Account has been frozen and deemed worthless.
It has been labeled a Ponzi scheme and Fraud

8. Bernard L Madoff
885 Third Ave
NYC NY 10022
212 230 2424

2C   November Statement and confirms
enclosed showing long securities that
the broker would owe to me.

2A   The enclosed november statement
shows the broker owes me approximately
$6,165,000.00